FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 520053

(0)

Mailing Address

780 WEST GRANADA BLVD

THE EDDY CORPORATION

Principal Place of Business

780 WEST GRANADA BLVD

FILED
May 02 1997 8:00am
Secretary of State



ORMOND BEACH FL 32174		ORMOND BEACH FL 32174-5189			
				3. Date Incorporated or Qualified 12/10/1976	3a. Date of Last Report 05/01/1996
-	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 44.5	SETON TRAIL		TON TRAIL	59-1708639	Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	NOND BEACH FL	City & State 28 ORMOND	BEACH FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24 32	1/6 25		30	Florida Statutes	Yes No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	alstered Agent
	ITIOUS, JEFFREY M		81 Name		
	n granada blvd		82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
ORN	OND BEACH FL 32174		83	SETON TRAIL	
			84 City	R ca cu	FL 85 Zip Code
44 Durauant	to the provisions of Soctions 607 000	2 and 607 1609 Elevida Secula		MOND OKACH	
office or i	registered agent, or both, in the State	c and 607. 1506, Florida Statute of Florida, Such change was a	is, the above-named corp uthorized by the corporat	poration submits this statement for the p tion's board of directors. Thereby accep	urpose or changing its registered it the appointment as registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	nda Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	of soul value if would also	: Regisfored Agent signature requir		700
12.	Signature, typed or printed name of registered age		: Rog sjored Agon: signature requir	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONO OF MAGEO TO OFFICE	Change Addition
NAME	EDDY, J. MICHAEL		1.2 NAME		
STREET ADDRESS	727 OCEANSHORE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1 A CITY-ST-ZIP		
TITLE	PO	DELETE	2.1 TITLE		Change Addition
NAME	EDDY, FRANK R. JR.		2.2 NAME		
STREET ADDRESS	585 OCEAN SHORE BLVD.		23 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2,4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	3.7 TITLE		Change Addition
NAME	PONTIOUS, JEFFREY M		32 NAME	PRMOND BEACH, F	•
STREET ADDRESS	480 W GRANADA BLVD		33 STREET ADDRESS	TH WOON IRAIL	
CITY-ST-ZIP	ORMOND BEACH FL		3,4. CITY-ST-ZIP	PRMOND BEACH. F.	1.32176
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-7IP		
TITLE		DELETE	5.A TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.8 STREET ADDRESS		
CITY-ST-ZIP			5,4 CHY-S1-ZIP		
TITLE		☐ DELETE	6.11 TITLE		☐ Change ☐ Addition
NAME			6.₽ NAME		
STREET ADDRESS	1		6.B STREET ADDRESS		

14. I'do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or progressive or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name